

# DISASTER SERVICE WORKER REGISTRATION

## LOCAL AND STATE INFORMATION



Loyalty Oath under Code of Civil Procedure §2015.5 & Title 19, Div.2, Chap.2, Sub-Chap.3, §2573.1

ATTACH PHOTOGRAPH HERE	<b><i>This block to be completed ONLY by government agency or jurisdiction</i></b>	
	CLASSIFICATION: <b>COMMUNITY EMERGENCY RESPONSE TEAM MEMBER</b>	SPECIALTY: _____
	AGENCY OR JURISDICTION: <b>SACRAMENTO METROPOLITAN FIRE DISTRICT</b>	
	REGISTRATION DATE: _____	RENEWAL DATES: _____
	EXPIRATION DATE:* _____	DSW CARD ISSUED?: NO? YES? #: _____
PROCESSED BY: <b>ALLEN GETREU –CERT PROGRAM MANAGER</b> DATE: _____ TO CENTRAL FILES: _____		

TYPE OR PRINT IN INK

(HIGHLIGHTED AREAS REQUIRED BY REGULATION)

NAME: LAST FIRST MI				SSN:	
ADDRESS:			CITY:		STATE ZIP:
COUNTY:			HOME PHONE:		WORK PHONE:
PAGER:			E-MAIL:		DATE OF BIRTH: (optional)
DRIVER LICENSE NUMBER: (if applicable)			DRIVER LICENSE CLASSIFICATION: A? B? C? OTHER DRIVING PRIVILEGES:		LICENSE EXPIRATION DATE:
PROFESSIONAL LICENSE: (if applicable)			FCC LICENSE: (if applicable)		LICENSE EXPIRATION DATE:
IN CASE OF EMERGENCY, CONTACT:					EMERGENCY PHONE:
PHYSICAL IDENTIFICATION:	HAIR:	EYES:	HEIGHT:	WEIGHT: (optional)	BLOOD TYPE: (optional)
COMMENTS:					

### Government Code §3108-§3109:

Every person who, while taking and subscribing to the oath or affirmation required by this chapter states as true any material matter which he knows to be false, is guilty of perjury, and is punishable by imprisonment in the state prison not less than one nor more than 14 years. Every person having taken and subscribed to the oath or affirmation required by this chapter, who, while in the employ of, or service with, the state or any county, city, city and county, state agency, public district, or disaster council or emergency organization advocates or becomes a member of any party or organization, political or otherwise, that advocates the overthrow of the government of the United States by force or violence or other unlawful means, is guilty of a felony and is punishable by imprisonment in the state prison.

### LOYALTY OATH OR AFFIRMATION (GOVERNMENT CODE §3102)

I, \_\_\_\_\_, do solemnly swear (or affirm) that I will support and defend the  
 Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the  
 Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservations or purpose of evasion;  
 that I will well and faithfully discharge the duties upon which I am about to enter. I certify under penalty of perjury that the foregoing is true and correct.

DATE	SIGNATURE	IF UNDER 18 YEARS OLD, SIGNATURE OF PARENT/GUARDIAN
		<b>METRO FIRE CERT PROGRAM MANAGER</b>
SIGNATURE OF OFFICIAL AUTHORIZED TO ADMINISTER LOYALTY OATH		TITLE

\*Registration for the active DSW Volunteer is effective for the period the person remains a member with that organization; for a volunteer registering for an intermittent or a single event, the expiration date is set at the discretion of the Accredited Disaster Council but not to exceed one year. (See Govt. Code §3102)

# **Sacramento Metropolitan Fire District**

*(Sacramento County Disaster Council)*

## **Disaster Service Worker**

### **Medical Treatment by Personal Physician for On-the-Job Injuries**

As a Disaster Service Worker entitled to Worker's Compensation coverage and pursuant to the provisions of Section 4600 of the California Labor Code, notice is herewith given that in the event of any injury related to my duties as Disaster Service Worker, I elect to be treated by my personal physician from the date of injury.

My personal physician is:

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Name

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Address

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Phone

I understand that if I change my personal physician, the name, address and telephone number of the new physician must be on file with the Sacramento County Disaster Council.

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Signature of Disaster Service Worker

Date